PTO/SB/05 (1/98)





UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 746220-000003

First Inventor or Application Identifier: Jean Francois BLOCH

Title: METHOD FOR DETERMINING THE ACTIVITY OF A SUBSTANCE USING A FUNCTIONAL TEST IN VITRO

Express Mail Label No.

| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231 |
|---|--|
| 1. ☐ Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. ☒ Specification | 6. ☐ Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a ☐ Computer Readable Copy b ☐ Paper Copy (identical to computer copy) c ☐ Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. ☐ Assignment Papers (cover sheet & document(s)) 9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney (when there is an assignee) 10. ☐ English Translation Document (if applicable) 11. ☐ Information Disclosure Statement ☐ Copies of IDS (IDS)/PTO-1449 ☐ Citations 12. ☐ Preliminary Amendment 13. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. ☐ *Small Entity ☐ Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12) 15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. ☐ Other: *A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon. |
| 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior PCT application No. WO 00/34514 Prior application information: Examiner: ☐ Group/Art Unit: ☐ | |
| 18. CORRESPONDENCE ADDRESS | |
| ☑ Customer Number or Bar Code Label Customer No. 22204 or [☑ Correspondence address below (Insert Customer No. or Attach bar code label here) | |
| | |
| Name: Robert M. Schulman Firm: NIXON PEABODY LLP Address: 8180 Greensboro Drive, Suite 800 . City: McLean State: VA Zip Code: 22102 Country: U.S.A. Telephone (703) 790-9110 FAX (703) 883-0370 | |
| Name (Print/Type) Rebert M. Schulman | Registration No. 31,196 |
| Signature 16 feet 1.5 chulman | Date: 11/28/00 |
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